

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 01 2016 To: M M / D D / Y Y Y Y Y Y  
02 29 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		42513.77
(b) Cash on Hand at Beginning of Reporting Period.....	39256.28	
(c) Total Receipts (from Line 19) .....	212672.68	317418.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	251928.96	359931.89
7. Total Disbursements (from Line 31) .....	206664.66	314667.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45264.30	45264.30
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	347611.17	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
02	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
02	/	29	/	2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	52533.00	75773.00
(ii) Unitemized .....	124870.24	206246.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	177403.24	282019.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	177403.24	282019.68
12. Transfers From Affiliated/Other Party Committees.....	35142.44	35142.44
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	127.00	256.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	212672.68	317418.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ►	212672.68	317418.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	186414.66	287482.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	186414.66	287482.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	6934.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	20000.00	20000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	250.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	206664.66	314667.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	206664.66	314667.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	177403.24	282019.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	177403.24	282019.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	186414.66	287482.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	127.00	256.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	186287.66	287226.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : SA11AI.13239**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

**Transaction ID : SA11AI.13240**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

**Transaction ID : SA11AI.13241**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR JAMES A ALBRIGHT 061 MD**

Mailing Address 51 BROOKSIDE BLVD

City State Zip Code  
 WEST HARTFORD CT 06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016

Transaction ID : SA11AI.13254

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR CLINTON L BASEY 976**

Mailing Address PO BOX 143

City State Zip Code  
 SILVER LAKE OR 97638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

Transaction ID : SA11AI.9486

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR MAXWELL BELDING 064**

Mailing Address 30 BOKUM RD APT 308

City State Zip Code  
 ESSEX CT 06426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

Transaction ID : SA11AI.9551

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR MAXWELL BELDING 064**

Mailing Address 30 BOKUM RD APT 308

City

ESSEX

State

CT

Zip Code

06426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

6750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	6

Transaction ID : SA11AI.9552

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DR HANS BERGSTROM 334**

Mailing Address 2612 SW 15TH ST

City

DEERFIELD BCH

State

FL

Zip Code

33442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PROFESSOR &amp; WRITER

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	6

Transaction ID : SA11AI.9608

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS JULIE BOSTWICK 992**

Mailing Address 5819 N VISTA LN

City

SPOKANE

State

WA

Zip Code

99212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	6

Transaction ID : SA11AI.9749

Amount of Each Receipt this Period

120.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

5620.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR DAVID B BOWMAN 857 MD**

Mailing Address PO BOX 41806

City  
TUCSON

State Zip Code  
AZ 85717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERNIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.9778

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REV MONT O BOWSER 156**

Mailing Address 4574 RIDGEVIEW DR

City  
GREENSBURG

State Zip Code  
PA 15601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.9779

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS SUSAN BRUNOFF 175**

Mailing Address 334 W CEDAR ST

City  
NEW HOLLAND

State Zip Code  
PA 17557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.9926

Amount of Each Receipt this Period

210.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 119

(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR ROBERT D BUCHANAN 810**

Mailing Address 4751 EAGLERIDGE CIR APT 108

City State Zip Code  
 PUEBLO CO 81008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 22 2016

Transaction ID : SA11AI.9937

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS MARTHA R CASTEEL 466**

Mailing Address 62511 LOCUST RD

City State Zip Code  
 SOUTH BEND IN 46614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CASTEEL CONSTRUCTION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 08 2016

Transaction ID : SA11AI.10114

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR DONALD R CLARK 010**

Mailing Address 145 GRANVILLE RD

City State Zip Code  
 WESTFIELD MA 01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 10 2016

Transaction ID : SA11AI.10206

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 02 / 2016

Transaction ID : SA11Al.10219

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2016

Transaction ID : SA11Al.10216

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

02 / 19 / 2016

Transaction ID : SA11Al.10218

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code  
DALLAS TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.10217

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KIRK CLARK 785**

Mailing Address PO BOX 938

City State Zip Code  
MCALLEN TX 78505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2016

Transaction ID : SA11AI.10221

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOROTHY COLEMAN 194**

Mailing Address 266 MORRIS ST

City State Zip Code  
PHOENIXVILLE PA 19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SA11AI.10279

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS JUANITA COOKE 907**

Mailing Address 4319 IROQUOIS AVE

City

LAKEWOOD

State

CA

Zip Code

90713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

Transaction ID : SA11Al.10325

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT COOPER 837**

Mailing Address 4556 N VILLA RIDGE WAY

City

BOISE

State

ID

Zip Code

83703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11Al.10341

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS JANE ANN CURTO 605**

Mailing Address 203 BURR RIDGE CLUB DR

City

BURR RIDGE

State

IL

Zip Code

60527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11Al.10487

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS CAROLYN J DAMON 967**

Mailing Address PO BOX 791719

City

PAIA

State

HI

Zip Code

96779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.10513

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS CAROLYN J DAMON 967**

Mailing Address PO BOX 791719

City

PAIA

State

HI

Zip Code

96779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

02 / 22 / 2016

Transaction ID : SA11AI.10514

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS CATHERINE DOLL 678**

Mailing Address 6645 N DOLL RD

City

INGALLS

State

KS

Zip Code

67853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

202.00

Date of Receipt

02 / 05 / 2016

Transaction ID : SA11AI.10722

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS JOAN W DUPONT 068**

Mailing Address 303 HULLS FARM RD

City

SOUTHPORT

State

CT

Zip Code

06890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.10829

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS VIRIGINIA FROELKER 630 JR**

Mailing Address 4496 BIG CREEK RD

City

GERALD

State

MO

Zip Code

63037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.11223

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS VIRIGINIA FROELKER 630 JR**

Mailing Address 4496 BIG CREEK RD

City

GERALD

State

MO

Zip Code

63037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : SA11AI.11222

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS BETTY GARDNER 648**

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code  
 NOEL MO 64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2016

Transaction ID : SA11AI.11269

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS BETTY GARDNER 648**

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code  
 NOEL MO 64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

02 / 29 / 2016

Transaction ID : SA11AI.11268

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR BRUCE GARNAND 875**

Mailing Address 1213 LUISA ST

City State Zip Code  
 SANTA FE NM 87505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 08 / 2016

Transaction ID : SA11AI.11272

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

485.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ALONZO GATES 782**

Mailing Address 785 BURR RD

City  
SAN ANTONIO

State Zip Code  
TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARTS SAN ANTONIO

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.11286

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEVERLY GOODLETT 782**

Mailing Address 2104 PENINSULA DR

City  
SAN ANTONIO

State Zip Code  
TX 78239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

Transaction ID : SA11AI.11437

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR PAUL GOODMAN 110**

Mailing Address 99 S SERVICE RD APT 402

City  
NEW HYDE PARK

State Zip Code  
NY 11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

Transaction ID : SA11AI.11441

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL GOODMAN 110**

Mailing Address 99 S SERVICE RD APT 402

City State Zip Code  
 NEW HYDE PARK NY 11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

Transaction ID : SA11AI.11443

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR FRANK GUARISCO 703**

Mailing Address PO BOX 579

City State Zip Code  
 PATTERSON LA 70392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

Transaction ID : SA11AI.11592

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR FRANK GUARISCO 703**

Mailing Address PO BOX 579

City State Zip Code  
 PATTERSON LA 70392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016

Transaction ID : SA11AI.11594

Amount of Each Receipt this Period

45.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

420.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR FRANK GUARISCO 703**

Mailing Address PO BOX 579

City  
PATTERSONState Zip Code  
LA 70392FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	6

Transaction ID : SA11AI.11593

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR ALFRED B GUINN 763**

Mailing Address 1111 7TH ST

City  
WICHITA FALLSState Zip Code  
TX 76301FEC ID number of contributing  
federal political committee.

C

Name of Employer

WALSH &amp; WATTS INC

Occupation

OIL&amp;GAS PRODUCTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	6

Transaction ID : SA11AI.11605

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR KERN HAMILTON 950**

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City  
LOS GATOSState Zip Code  
CA 95032FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	6

Transaction ID : SA11AI.11687

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

700.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR EDWARD H HAMM 334**

Mailing Address 243 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.11689

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS VIRGINIA HARDIN 240**

Mailing Address 3044 STONEYBROOK DR

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.11711

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS BOBBYE HARRIS 307**

Mailing Address 135 WINDSOR DR

City

CALHOUN

State

GA

Zip Code

30701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11AI.11738

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT HATCH 641**

Mailing Address 601 W 55TH ST

City

KANSAS CITY

State

MO

Zip Code

64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

Transaction ID : SA11AI.11772

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR RICHARD J HAYDINGER 080**

Mailing Address 12 PARTRIDGE CT

City

CHERRY HILL

State

NJ

Zip Code

08003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED COMMUNITIES

Occupation

REAL ESTATE OWNERS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

Transaction ID : SA11AI.11803

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS FRANCISCA HENDERSON 852**

Mailing Address 122 N 82ND ST

City

MESA

State

AZ

Zip Code

85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2016

Transaction ID : SA11AI.11854

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

2575.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS FRANCISCA HENDERSON 852**

Mailing Address 122 N 82ND ST

City State Zip Code  
MESA AZ 85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 29 2016

Transaction ID : SA11AI.11851

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS FRANCISCA HENDERSON 852**

Mailing Address 122 N 82ND ST

City State Zip Code  
MESA AZ 85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 29 2016

Transaction ID : SA11AI.11852

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPT TATNALL HILLMAN 025**

Mailing Address PO BOX 332

City State Zip Code  
CHILMARK MA 02535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 16 2016

Transaction ID : SA11AI.11943

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1085.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. CAPT TATNALL HILLMAN 025**

Mailing Address PO BOX 332

City State Zip Code  
CHILMARK MA 02535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.11944

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MR ARTHUR HILSINGER 020**

Mailing Address 8 JACKSON POND RD

City State Zip Code  
DEDHAM MA 02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.11948

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MR BILL HOLDEN 956**

Mailing Address 4467 PLANTATION DR

City State Zip Code  
FAIR OAKS CA 95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11AI.12024

Amount of Each Receipt this Period

120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LUMAN W HOLMAN 757**

Mailing Address PO BOX 1528

City

JACKSONVILLE

State

TX

Zip Code

75766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DECLINED

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.12037

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUMAN W HOLMAN 757**

Mailing Address PO BOX 1528

City

JACKSONVILLE

State

TX

Zip Code

75766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DECLINED

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

Transaction ID : SA11AI.12036

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JUANITA S HUFF 615**

Mailing Address 1910 SAINT CLAIR DR

City

PEKIN

State

IL

Zip Code

61554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : SA11AI.12107

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JUANITA S HUFF 615

Mailing Address 1910 SAINT CLAIR DR

City  
PEKIN

State Zip Code  
IL 61554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : SA11AI.12108

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL HUSBY 554

Mailing Address 409 RIVER ST

City  
MINNEAPOLIS

State Zip Code  
MN 55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PAUL HUSBY ASSOCIATES

Occupation

BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

Transaction ID : SA11AI.12148

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR LEE JAMES 751

Mailing Address 700 N TOWN EAST BLVD APT 145

City  
MESQUITE

State Zip Code  
TX 75150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.12222

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. ANN JOHNSON 341**

Mailing Address 6642 TRIDENT WAY

City

NAPLES

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

Transaction ID : SA11AI.12284

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS WANDA JONES 985**

Mailing Address 3700 14TH AVE SE UNIT 65

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SA11AI.12365

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS WANDA JONES 985**

Mailing Address 3700 14TH AVE SE UNIT 65

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

Transaction ID : SA11AI.12367

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS WANDA JONES 985**

Mailing Address 3700 14TH AVE SE UNIT 65

City State Zip Code  
 OLYMPIA WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

Transaction ID : SA11AI.12368

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS WANDA JONES 985**

Mailing Address 3700 14TH AVE SE UNIT 65

City State Zip Code  
 OLYMPIA WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.12366

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR JOHN A JOST 598**

Mailing Address 1531 SLEEPING CHILD RD

City State Zip Code  
 HAMILTON MT 59840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

Transaction ID : SA11AI.12384

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS LINDA KENDALL 330

Mailing Address 50 CLUB HOUSE RD

City  
KEY LARGOState Zip Code  
FL 33037FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.12477

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS CAROLYN L KLEIN 685

Mailing Address 3510 SEWELL ST

City  
LINCOLNState Zip Code  
NE 68506FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	08	/	2016

Transaction ID : SA11AI.12562

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS CAROLYN L KLEIN 685

Mailing Address 3510 SEWELL ST

City  
LINCOLNState Zip Code  
NE 68506FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.12566

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS CAROLYN L KLEIN 685**

Mailing Address 3510 SEWELL ST

City  
LINCOLN

State Zip Code  
NE 68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.12565

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS CAROLYN L KLEIN 685**

Mailing Address 3510 SEWELL ST

City  
LINCOLN

State Zip Code  
NE 68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

Transaction ID : SA11AI.12563

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS CAROLYN L KLEIN 685**

Mailing Address 3510 SEWELL ST

City  
LINCOLN

State Zip Code  
NE 68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.12564

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR HENRY Y KUHL 088**

Mailing Address PO BOX 26

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MANAGER

Occupation

MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : SA11AI.12692

Amount of Each Receipt this Period

501.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR HENRY Y KUHL 088**

Mailing Address PO BOX 26

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MANAGER

Occupation

MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2016

Transaction ID : SA11AI.12690

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR HENRY Y KUHL 088**

Mailing Address PO BOX 26

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MANAGER

Occupation

MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.12691

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

601.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS JANE OSLER KYLE 130**

Mailing Address 215 SUMMERHAVEN DR S

City State Zip Code  
 EAST SYRACUSE NY 13057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JANE OSLER KYLE CHARITABLE TRUST

Occupation

TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 25 2016

Transaction ID : SA11AI.12703

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR JAMES E LAIN 926**

Mailing Address PO BOX 1939

City State Zip Code  
 HUNTINGTON BEACH CA 92647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 25 2016

Transaction ID : SA11AI.12714

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHARLES ERNEST LANCE 786**

Mailing Address 103 CEDAR BRANCH DR

City State Zip Code  
 GEORGETOWN TX 78628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 11 2016

Transaction ID : SA11AI.12723

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR VERNON LEWIS 853**

Mailing Address 204 E SANTA CRUZ DR

City  
GOODYEAR

State Zip Code  
AZ 85338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEWIS WELDING SUPPLY INC

Occupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.12884

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR EMORY MANNING 296**

Mailing Address 1439 MANNING RD

City  
IVA

State Zip Code  
SC 29655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.13074

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS G H MARTIN 194**

Mailing Address 3216 BRITTANY PT

City  
LANSDALE

State Zip Code  
PA 19446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.13108

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS G H MARTIN 194**

Mailing Address 3216 BRITTANY PT

City

LANSDALE

State

PA

Zip Code

19446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11AI.13107

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.13127

Amount of Each Receipt this Period

342.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

Transaction ID : SA11AI.13129

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1442.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City State Zip Code  
WAPPINGERS FALLS NY 12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.13128

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BURTON MCPHEETERS 691**

Mailing Address 23998 S MCPHEETERS RD

City State Zip Code  
GOTHENBURG NE 69138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.13498

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR ALVIN E MCQUINN 341**

Mailing Address 1551 GULF SHORE BLVD S

City State Zip Code  
NAPLES FL 34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT MGR & TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

Transaction ID : SA11AI.13502

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ALVIN E MCQUINN 341

Mailing Address 1551 GULF SHORE BLVD S

City	State	Zip Code
NAPLES	FL	34102

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT MGR &amp; TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	6

Transaction ID : SA11AI.13504

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ALVIN E MCQUINN 341

Mailing Address 1551 GULF SHORE BLVD S

City	State	Zip Code
NAPLES	FL	34102

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT MGR &amp; TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	6

Transaction ID : SA11AI.13503

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS JOAN G MILAM 333

Mailing Address 2673 CENTER COURT DR

City	State	Zip Code
WESTON	FL	33332

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	6

Transaction ID : SA11AI.13596

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

425.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PETER W MOYER 894**

Mailing Address 118 ABBEY PEAK LN

City

INCLINE VILLAGE

State

NV

Zip Code

89451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SA11AI.13792

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR PETER W MOYER 894**

Mailing Address 118 ABBEY PEAK LN

City

INCLINE VILLAGE

State

NV

Zip Code

89451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.13793

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR RALPH NELSON 932**

Mailing Address PO BOX 1287

City

LEBEC

State

CA

Zip Code

93243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SA11AI.13879

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RALPH NELSON 932

Mailing Address PO BOX 1287

City State Zip Code  
LEBEC CA 93243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

Transaction ID : SA11AI.13878

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS MARGUERITE C OLEYAR 925

Mailing Address 41780 BUTTERFIELD STAGE RD

City State Zip Code  
TEMECULA CA 92592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.14008

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS MARGUERITE C OLEYAR 925

Mailing Address 41780 BUTTERFIELD STAGE RD

City State Zip Code  
TEMECULA CA 92592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

Transaction ID : SA11AI.14009

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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500.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS JANE F OLSON 372

Mailing Address 1009 CLEARVIEW DR

City  
NASHVILLE

State Zip Code  
TN 37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.14026

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR EARL OVERMAN 469

Mailing Address 5926 S 550 E

City  
PERU

State Zip Code  
IN 46970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

Transaction ID : SA11AI.14068

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR EARL OVERMAN 469

Mailing Address 5926 S 550 E

City  
PERU

State Zip Code  
IN 46970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.14069

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CHRISTOPHER PALMER 109**

Mailing Address 176 GARDNERVILLE RD

City

NEW HAMPTON

State

NY

Zip Code

10958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

TRUCKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.14098

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MISS EDITH P PALMER 109**

Mailing Address 282 LAROE RD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.14096

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR HARRY PHILLIPS 791**

Mailing Address 801 S FILLMORE ST

City

AMARILLO

State

TX

Zip Code

79101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OIL AND GAS INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.14269

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. HARRY H PHILLIPS 791**

Mailing Address 2607 HAWTHORNE DR

City State Zip Code  
 AMARILLO TX 79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OIL & GAS INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

Transaction ID : SA11AI.14270

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRY H PHILLIPS 791**

Mailing Address 2607 HAWTHORNE DR

City State Zip Code  
 AMARILLO TX 79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OIL & GAS INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.14271

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code  
 RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

Transaction ID : SA11AI.14318

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

785.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JAMES L POWELL 769**

Mailing Address 1311 S MADISON ST

City

SAN ANGELO

State

TX

Zip Code

76901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11AI.14359**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR JOHN T PRATT 349**

Mailing Address 1479 SW SHORELINE DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2016

**Transaction ID : SA11AI.14378**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR RICHARD PUCKETT 617**

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

**Transaction ID : SA11AI.14418**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD PUCKETT 617

Mailing Address 1910 LONGWOOD LN

City State Zip Code  
BLOOMINGTON IL 61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.14414

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ROBERT QUERNS 434

Mailing Address 9387 HARTLEY WAY

City State Zip Code  
LKSID MARBLHD OH 43440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.14429

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR ROBERT QUERNS 434

Mailing Address 9387 HARTLEY WAY

City State Zip Code  
LKSID MARBLHD OH 43440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : SA11AI.14430

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JEANETTE S QUILHOT 467**

Mailing Address 9464 S 700 E-92 # 92

City

ROANOKE

State

IN

Zip Code

46783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

**Transaction ID : SA11AI.14433**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS ROSEMARY RASMUSSEN 967**

Mailing Address 62-3610 LOLII WAY

City

KAMUELA

State

HI

Zip Code

96743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIZPAH MINISTRIES

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

**Transaction ID : SA11AI.14479**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR JACK H ROBERTS 993**

Mailing Address 1110 WILSON HOLLOW RD

City

WAITSBURG

State

WA

Zip Code

99361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2016

**Transaction ID : SA11AI.14703**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

2300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR GARY L ROSENBERG 802**

Mailing Address 2001 S PLATTE RIVER DR

City  
DENVER

State Zip Code  
CO 80223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PUBLICATION PRINTERS CORP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.14771

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR FRANKLIN T RUSSELL 145**

Mailing Address 5624 PARDY SMITH RD

City  
NEWARK

State Zip Code  
NY 14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

Transaction ID : SA11AI.14859

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR FRANKLIN T RUSSELL 145**

Mailing Address 5624 PARDY SMITH RD

City  
NEWARK

State Zip Code  
NY 14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

Transaction ID : SA11AI.14852

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR FRANKLIN T RUSSELL 145**

Mailing Address 5624 PARDY SMITH RD

City  
NEWARK

State Zip Code  
NY 14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

02 / 17 / 2016

Transaction ID : SA11AI.14856

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR FRANKLIN T RUSSELL 145**

Mailing Address 5624 PARDY SMITH RD

City  
NEWARK

State Zip Code  
NY 14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 22 / 2016

Transaction ID : SA11AI.14857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR FRANKLIN T RUSSELL 145**

Mailing Address 5624 PARDY SMITH RD

City  
NEWARK

State Zip Code  
NY 14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 29 / 2016

Transaction ID : SA11AI.14855

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City State Zip Code  
 FORT MYERS FL 33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 22 2016

Transaction ID : SA11AI.14893

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
 SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 09 2016

Transaction ID : SA11AI.15206

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
 SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 22 2016

Transaction ID : SA11AI.15204

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

### A. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 29 2016

Transaction ID : SA11AI.15203

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 29 2016

Transaction ID : SA11AI.15205

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. JACK SMITH 653

Mailing Address 177 BOUNDARY LN

City State Zip Code  
OTTERVILLE MO 65348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 19 2016

Transaction ID : SA11AI.15275

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JACK SMITH 653**

Mailing Address 177 BOUNDARY LN

City  
OTTERVILLE

State Zip Code  
MO 65348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.15277

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JEFFREY SPRAGENS 331**

Mailing Address 7426 FISHER ISLAND DR

City  
FISHER ISLAND

State Zip Code  
FL 33109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.15362

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR J SPENCER STANDISH 329**

Mailing Address 1100 BEACH RD APT 2K

City  
VERO BEACH

State Zip Code  
FL 32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.15386

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR J SPENCER STANDISH 329**

Mailing Address 1100 BEACH RD APT 2K

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.15387

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT G STEINER 919**

Mailing Address PO BOX 514

City

CHULA VISTA

State

CA

Zip Code

91912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.15417

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STANLEY TATE 331**

Mailing Address 1175 NE 125TH ST STE 102

City

NORTH MIAMI

State

FL

Zip Code

33161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STANLEY TATE BUILDERS INC

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

Transaction ID : SA11AI.15636

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARGARET P THOMPSON 439**

Mailing Address 913 PARK BLVD W

City State Zip Code  
EAST LIVERPOOL OH 43920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11Al.15712

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11Al.15727

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Transaction ID : SA11Al.15728

Amount of Each Receipt this Period

45.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 119

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

**Transaction ID : SA11AI.15729**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR GORDON TOBIAS 782**

Mailing Address 12526 PRIMA VISTA DR

City

SAN ANTONIO

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

**Transaction ID : SA11AI.15744**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR GORDON TOBIAS 782**

Mailing Address 12526 PRIMA VISTA DR

City

SAN ANTONIO

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

**Transaction ID : SA11AI.15745**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 119

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City

LEETON

State

MO

Zip Code

64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	6

**Transaction ID : SA11AI.16008**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR KENNETH C WALDO 276 JR**

Mailing Address 1000 DEERFIELD RD

City

RALEIGH

State

NC

Zip Code

27609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	6

**Transaction ID : SA11AI.16011**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS ANNIE WEEKS 352**

Mailing Address 3411 ROCK LN

City

IRONDALE

State

AL

Zip Code

35210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	6

**Transaction ID : SA11AI.16113**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

350.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. WILMA I WISER 534**

Mailing Address 3900 N MAIN ST APT 229

City	State	Zip Code
RACINE	WI	53402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	6		2	0	1	6		

Transaction ID : SA11AI.16341

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WILMA I WISER 534**

Mailing Address 3900 N MAIN ST APT 229

City	State	Zip Code
RACINE	WI	53402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	9		2	0	1	6		

Transaction ID : SA11AI.16342

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DR WILLIAM WOLFF 921**

Mailing Address 16023 AVENIDA LAMEGO

City	State	Zip Code
SAN DIEGO	CA	92128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	9		2	0	1	6		

Transaction ID : SA11AI.16358

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 119

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS B ANN WOODALL 156**

Mailing Address PO BOX 216

City

LAUGHLINTOWN

State

PA

Zip Code

15655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2016

Transaction ID : SA11AI.16378

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR DONALD WOODHOUSE 490**

Mailing Address PO BOX 635

City

DOWAGIAC

State

MI

Zip Code

49047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2016

Transaction ID : SA11AI.16382

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS AUDREY ZIMMER 564**

Mailing Address 509 7TH ST NE

City

STAPLES

State

MN

Zip Code

56479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

02 / 05 / 2016

Transaction ID : SA11AI.16460

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 119

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR MARJORIE ZISKOVSKY 523**

Mailing Address 109 S BROADWAY ST

City  
TOLEDO

State  
IA

Zip Code  
52342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11AI.16468

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

52533.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 119

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Mailing Address PO BOX 295

City State Zip Code  
 CHRISTIANSTED VI 00821

FEC ID number of contributing  
federal political committee.

**C** C00553560

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35142.44

Date of Receipt

**02** / **01** / **2016**

**Transaction ID : SA12.16576**

Amount of Each Receipt this Period

35142.44

☐ Memo Item

TRANSFERS TO STATE CMTE RETURNED TO  
VIGOP

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35142.44

35142.44



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 119

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 206

City State Zip Code  
STERLING VA 20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y  
02 / 12 / 2016

Transaction ID : SA15.16484

Amount of Each Receipt this Period

127.00

☐ Memo Item

REFUND

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127.00

127.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SAUL ANUZIS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Mailing Address 555 - 12TH STREET NW  
SUITE 630

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
REIMBURSEMENT FOR COMPUTER

012

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16575**

Amount of Each Disbursement this Period

1299.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN CANEGATA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

Mailing Address PO BOX 295

City CHRISTIANSTED State VI Zip Code 00821

Purpose of Disbursement  
REIMBURSED TRAVEL EXPENSES

002

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16573**

Amount of Each Disbursement this Period

4695.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHN CANEGATA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Mailing Address PO BOX 295

City CHRISTIANSTED State VI Zip Code 00821

Purpose of Disbursement  
REIMBURSED TRAVEL EXPENSES

002

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16572**

Amount of Each Disbursement this Period

2371.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8366.42

: 97 'A -G79 @ @ B9CI G'H9LH'F9 @ H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A -N5HCB  
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.16575**

COMPUTER PURCHASED BY SAUL ANUZIS FOR DONATION ON BEHALF VIGOP TO THE EDUCATIONAL  
OUTREACH PROGRAM IN CHRISTIANSTED, VI.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.16573**

REIMBURSED TRAVEL EXPENSES TO JOHN CANEGATA INCLUDED THE FOLLOWING LODGING RELATED  
EXPENSES THAT AGGREGATED IN EXCESS OF \$200 FOR VIGOP STAFF AT THE CHARLESTON PLACE  
HOTEL \* 206 MEETING STREET \* CHARLESTON, SC 29401: \$917.99 (1/16/2016); \$1,268.26 (1/16/2016); AND  
\$918.00 (1/16/2016).

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.16572

REIMBURSED TRAVEL EXPENSES TO JOHN CANEGATA INCLUDED THE FOLLOWING AIRFARE EXPENSES  
THAT AGGREGATED IN EXCESS OF \$200 FOR VIGOP STAFF FLYING AMERICAN AIRLINES \* 4333 AMON  
CARTER BLVD \* FORT WORTH, TX 76155: \$1,540.78 (1/12/2016).

Form/Schedule:  
Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PO BOX RENEWAL

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

**Transaction ID : SB21B.16486**

Amount of Each Disbursement this Period

7	4	9	.	0	0
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PO BOX RENEWAL

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

**Transaction ID : SB21B.16487**

Amount of Each Disbursement this Period

7	4	9	.	0	0
---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
PO BOX RENEWAL

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

**Transaction ID : SB21B.16488**

Amount of Each Disbursement this Period

7	4	9	.	0	0
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	2	4	7	.	0	0
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7	4	9	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2016

**Transaction ID : SB21B.16489**

Amount of Each Disbursement this Period

975.16
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16490**

Amount of Each Disbursement this Period

220.46
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16491**

Amount of Each Disbursement this Period

616.98
--------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1812.60
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16495**

Amount of Each Disbursement this Period

6625.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16496**

Amount of Each Disbursement this Period

8832.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16497**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19457.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16498**

Amount of Each Disbursement this Period

8885.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16499**

Amount of Each Disbursement this Period

14524.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16500**

Amount of Each Disbursement this Period

3980.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27390.12



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16501**

Amount of Each Disbursement this Period

6171.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16502**

Amount of Each Disbursement this Period

3071.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16503**

Amount of Each Disbursement this Period

9623.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18866.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16504**

Amount of Each Disbursement this Period

14886.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16505**

Amount of Each Disbursement this Period

4822.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16506**

Amount of Each Disbursement this Period

12215.79

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31924.90
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16507**

Amount of Each Disbursement this Period

10727.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16508**

Amount of Each Disbursement this Period

1314.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16509**

Amount of Each Disbursement this Period

5601.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17644.17
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16510**

Amount of Each Disbursement this Period

4079.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONOR BUREAU**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
VIGOP LIST ENHANCEMENT

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16516**

Amount of Each Disbursement this Period

235.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2016

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
VIGOP LIST ENHANCEMENT

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16517**

Amount of Each Disbursement this Period

379.46

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4694.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DONOR BUREAU**

Mailing Address 1900 N CULPEPPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
VIGOP LIST ENHANCEMENT

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : SB21B.16518**

Amount of Each Disbursement this Period

404.11
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DSSI**Mailing Address 1155 - 15TH STREET NW  
SUITE 410City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
DATA PROCESSING

001

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB21B.16511**

Amount of Each Disbursement this Period

775.55
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DSSI**Mailing Address 1155 - 15TH STREET NW  
SUITE 410City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
DATA PROCESSING

001

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : SB21B.16512**

Amount of Each Disbursement this Period

1904.26
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3083.92
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DSSI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16513**

Amount of Each Disbursement this Period

1212.05
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DSSI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16514**

Amount of Each Disbursement this Period

1298.44
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2016

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16519**

Amount of Each Disbursement this Period

156.55
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2667.04
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX	State VA	Zip Code 22030
-----------------	-------------	-------------------

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

**Transaction ID : SB21B.16520**

Amount of Each Disbursement this Period

26.57
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX	State VA	Zip Code 22030
-----------------	-------------	-------------------

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

**Transaction ID : SB21B.16521**

Amount of Each Disbursement this Period

52.88
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX	State VA	Zip Code 22030
-----------------	-------------	-------------------

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

**Transaction ID : SB21B.16522**

Amount of Each Disbursement this Period

77.96
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

157.41
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16523**

Amount of Each Disbursement this Period

9.91
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16524**

Amount of Each Disbursement this Period

76.25
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16525**

Amount of Each Disbursement this Period

32.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

118.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16526**

Amount of Each Disbursement this Period

38.50
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16527**

Amount of Each Disbursement this Period

54.75
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16528**

Amount of Each Disbursement this Period

435.59
--------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

528.84
--------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16529**

Amount of Each Disbursement this Period

131.60
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16530**

Amount of Each Disbursement this Period

126.33
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2016

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16531**

Amount of Each Disbursement this Period

219.76
--------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

477.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FORTH RIGHT STRATEGY INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - CREATIVE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16533**

Amount of Each Disbursement this Period

4160.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FORTH RIGHT STRATEGY INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - CREATIVE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16534**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FORTH RIGHT STRATEGY INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - CREATIVE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.16535**

Amount of Each Disbursement this Period

2052.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11212.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB21B.16536**

Amount of Each Disbursement this Period

4032.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : SB21B.16537**

Amount of Each Disbursement this Period

4876.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : SB21B.16538**

Amount of Each Disbursement this Period

2800.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11709.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JAMES BOPP LAW FIRM / LAGOP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

Mailing Address 530 LAKE LAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16540**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JKC COMMUNICATIONS OF THE VIRGIN ISLANDS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address PO BOX 25680

City CHRISTIANSTED State VI Zip Code 00824

Purpose of Disbursement  
PUBLIC RELATIONS

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16565**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16541**

Amount of Each Disbursement this Period

1270.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2670.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LEGACY LIST MANAGEMENT INC**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

**Transaction ID : SB21B.16542**

Amount of Each Disbursement this Period

372.64
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT INC**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

**Transaction ID : SB21B.16543**

Amount of Each Disbursement this Period

539.94
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT INC**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

**Transaction ID : SB21B.16547**

Amount of Each Disbursement this Period

359.60
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1272.18
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LEGACY LIST MANAGEMENT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16544**

Amount of Each Disbursement this Period

2226.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16545**

Amount of Each Disbursement this Period

494.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.16546**

Amount of Each Disbursement this Period

838.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3559.84
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LEGACY LIST MANAGEMENT INC**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP LIST RENTALS

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : SB21B.16548**

Amount of Each Disbursement this Period

948.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB21B.16549**

Amount of Each Disbursement this Period

717.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB21B.16550**

Amount of Each Disbursement this Period

576.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2242.87



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2016

**Transaction ID : SB21B.16551**

Amount of Each Disbursement this Period

594.20
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16552**

Amount of Each Disbursement this Period

1078.20
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16553**

Amount of Each Disbursement this Period

495.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2167.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16554**

Amount of Each Disbursement this Period

975.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16555**

Amount of Each Disbursement this Period

839.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MDI IMAGING & MAIL**

Mailing Address 21721-A FILIGREE CT

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2016

**Transaction ID : SB21B.16556**

Amount of Each Disbursement this Period

7492.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9306.74
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. VALARIE MORROW-STILES**

Mailing Address PO BOX 25680

City	State	Zip Code
CHRISTIANSTED	VI	00824

Purpose of Disbursement  
CONSULTING - PUBLIC RELATIONS

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : SB21B.16567**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : SB21B.16557**

Amount of Each Disbursement this Period

476.88
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

**Transaction ID : SB21B.16558**

Amount of Each Disbursement this Period

321.18
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1048.06
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City  
UNIONVILLEState  
VAZip Code  
22567Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2016

**Transaction ID : SB21B.16559**

Amount of Each Disbursement this Period

395.69
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City  
UNIONVILLEState  
VAZip Code  
22567Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16560**

Amount of Each Disbursement this Period

398.28
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City  
UNIONVILLEState  
VAZip Code  
22567Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16561**

Amount of Each Disbursement this Period

365.28
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1159.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 119

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City  
UNIONVILLEState  
VAZip Code  
22567Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16562**

Amount of Each Disbursement this Period

265.59
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW LLC**

Mailing Address ST JUST RD

City  
UNIONVILLEState  
VAZip Code  
22567Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

**Transaction ID : SB21B.16563**

Amount of Each Disbursement this Period

362.92
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

628.51

186414.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DOMINICAN ACTION COMMITTEE**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		25		2016

Mailing Address PO BOX 295

City	State	Zip Code
CHRISTIANSTED	VI	00821

Purpose of Disbursement  
DONATION

012

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB29.16569**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

250.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 87 OF 119

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING CORP**Nature of Debt (Purpose):  
CAGING SERVICESMailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

2265.16

Transaction ID : SD10.4170

Amount Incurred This Period

4284.91

Payment This Period

4059.60

Outstanding Balance at Close of This Period

2490.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

169375.74

Transaction ID : SD10.4171

Amount Incurred This Period

19823.98

Payment This Period

46847.28

Outstanding Balance at Close of This Period

142352.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**Nature of Debt (Purpose):  
LIST ENHANCEMENTS

Mailing Address 1900 N CULPEPPER ST

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2936.52

Transaction ID : SD10.4174

Amount Incurred This Period

1017.59

Payment This Period

1018.88

Outstanding Balance at Close of This Period

2935.23

1) **SUBTOTALS** This Period This Page (optional)..... ►

147778.14

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 88 OF 119

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DSSI**Nature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

13565.07

Transaction ID : SD10.4168

Amount Incurred This Period

8021.76

Payment This Period

5190.30

Outstanding Balance at Close of This Period

16396.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FORTH RIGHT STRATEGY INC**Nature of Debt (Purpose):  
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

84502.53

Transaction ID : SD10.4166

Amount Incurred This Period

68605.31

Payment This Period

11212.83

Outstanding Balance at Close of This Period

141895.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INTEGRAM**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP RD

City State Zip Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

11985.22

Transaction ID : SD10.4175

Amount Incurred This Period

13035.66

Payment This Period

11709.75

Outstanding Balance at Close of This Period

13311.13

1) **SUBTOTALS** This Period This Page (optional)..... ►

171602.67

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 89 OF 119

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT INC**Nature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

18780.59

Transaction ID : SD10.4169

Amount Incurred This Period

264.96

Payment This Period

7051.75

Outstanding Balance at Close of This Period

11993.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**Nature of Debt (Purpose):  
CONSULTING - COMPLIANCEMailing Address 2776 S ARLINGTON MILL DR  
NUM 806City State Zip Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

12855.60

Transaction ID : SD10.4172

Amount Incurred This Period

2908.40

Payment This Period

5275.80

Outstanding Balance at Close of This Period

10488.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MDI IMAGING & MAIL**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 21721-A FILIGREE CT

City State Zip Code  
ASHBURN VA 20147

Outstanding Balance Beginning This Period

5080.67

Transaction ID : SD10.4176

Amount Incurred This Period

2411.67

Payment This Period

7492.34

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

22482.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 90 OF 119

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RHA MARKETING**

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING &  
MAILSHOP**

Mailing Address 1272 CORPORATE PARK RD

City State

Zip Code

FOREST

VA

24551

Outstanding Balance Beginning This Period

4247.46

Transaction ID : SD10.9141

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4247.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW LLC**

Nature of Debt (Purpose):

**ESCROW SERVICES**

Mailing Address ST JUST RD

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

3155.68

Transaction ID : SD10.4173

Amount Incurred This Period

931.04

Payment This Period

2585.82

Outstanding Balance at Close of This Period

1500.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

5748.36

2) **TOTALS** This Period (last page this line number only)..... ►

347611.17

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

347611.17

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 91 OF 119  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>AINSLEY SHEA</b>			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address <b>213 FOURTH STREET</b> <b>SUITE 201</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>7992.00</b>		
City    State    Zip Code <b>ST PAUL</b> <b>MN</b> <b>55101</b>		<b>Transaction ID : SE.4107</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Purpose of Expenditure <b>PRODUCTION FEES; TV AD &amp; SLASH LANDING PAGE</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>004</b></div>		<div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>0.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>AINSLEY SHEA</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address <b>213 FOURTH STREET</b> <b>SUITE 201</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>7992.00</b>		
City    State    Zip Code <b>ST PAUL</b> <b>MN</b> <b>55101</b>		<b>Transaction ID : SE.16494</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Purpose of Expenditure <b>PRODUCTION FEES, TV AD &amp; SLASH LANDING PAGE</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>004</b></div>		<div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>20000.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>7992.00</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>SCOTT B MACKENZIE</b>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>09</b> / <b>10</b> / <b>2016</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 92 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>CAMPAIGNGRID DIRECT</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 02 / 2016	
Mailing Address 1600 K STREET NW SUITE 803		Amount <span style="border: 1px solid black; padding: 2px;">7000.00</span>		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : <b>SE.4106</b>	
Purpose of Expenditure TARGETED ONLINE ADS (2/3 - 2/17/2016)		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 01 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>CAMPAIGNGRID DIRECT</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 02 / 2016	
Mailing Address 1600 K STREET NW SUITE 803		Amount <span style="border: 1px solid black; padding: 2px;">7000.00</span>		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : <b>SE.16493</b>	
Purpose of Expenditure TARGETED ONLINE ADS (2/3 - 2/17/2016)		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 01 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12008.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">7000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 93 OF 119  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">72.89</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">10.60</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 94 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">96.33</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9149</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">44.18</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9150</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 95 OF 119  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">563.62</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9151</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">77.08</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9152</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 96 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																					

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>22</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		02			D	D		22			Y	Y	Y	Y	Y	Y						
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Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>55.08</td></tr> </table>													55.08												
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9153</b>																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>22</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		02			D	D		22			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>22</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		02			D	D		22			Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>13.93</td></tr> </table>													13.93												
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9154</b>																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>22</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		02			D	D		22			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00
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(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

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10		

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Y	Y	Y	Y	Y	Y

 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 97 OF 119  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">298.73</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">145.28</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
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Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">2016</span> [Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 98 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>21.22</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9157</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>HI</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>22.94</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9158</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ID</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

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Signature

Date

MM / DD / YYYY  
**09 / 10 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 99 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>193.78</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9159</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>97.56</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9160</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 10 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 100 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">46.37</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9161</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">42.59</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9162</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 101 OF 119  
FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

FEC IDENTIFICATION NUMBER ▼

**C** C00553560Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed onM M / D D / Y Y Y Y Y Y  
/ /Full Name of Payee  
**FORTH RIGHT STRATEGY INC**☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016Mailing Address 1155 - 15TH STREET NW  
SUITE 410

Amount

66.40

City State Zip Code  
WASHINGTON DC 20005

Transaction ID : SE.9163

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016Purpose of Expenditure  
VOTER CONTACT MAILCategory/  
Type 004Name of Federal Candidate  
HILLARY RODHAM CLINTON☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☒ President ☐ Senate State: KYCalendar Year-To-Date  
Per Election for Office Sought

0.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶Full Name of Payee  
**FORTH RIGHT STRATEGY INC**☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016Mailing Address 1155 - 15TH STREET NW  
SUITE 410

Amount

68.55

City State Zip Code  
WASHINGTON DC 20005

Transaction ID : SE.9164

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016Purpose of Expenditure  
VOTER CONTACT MAILCategory/  
Type 004Name of Federal Candidate  
HILLARY RODHAM CLINTON☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☒ President ☐ Senate State: LACalendar Year-To-Date  
Per Election for Office Sought

0.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 102 OF 119  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 02 / 22 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">21.00</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 02 / 22 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">88.88</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 10 / 2016	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 103 OF 119  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <b>102.78</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.9167</b>
Purpose of Expenditure <b>VOTER CONTACT MAIL</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <b>150.33</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.9168</b>
Purpose of Expenditure <b>VOTER CONTACT MAIL</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**09 / 10 / 2016**

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 22 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 44.19	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9170</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: -20px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

*[Electronically Filed]*

Date \_\_\_\_\_

Three digital displays are shown, each with a 2x4 grid of segments. The first display shows '09' with 'M' and 'M' above the segments. The second display shows '10' with 'D' and 'D' above the segments. The third display shows '2016' with 'Y', 'Y', 'Y', and 'Y' above the segments.

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 105 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">91.20</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9171</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">15.39</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9172</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 106 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>27.42</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9173</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NE</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>40.84</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9174</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**09 / 10 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 107 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>02</div><div>22</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.59</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9175</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>02</div><div>22</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>02</div><div>22</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">134.43</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9176</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>02</div><div>22</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 108 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		City WASHINGTON		State DC	
Zip Code 20005					
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		Amount 30.99	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		City WASHINGTON		State DC	
Zip Code 20005					
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004		Amount 301.03	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY  
 09 / 10 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 109 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>02 / 22 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">146.14</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>02 / 22 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.57</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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Signature

Date

 MM / DD / YYYY  
 09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 110 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            02 / 22 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">175.55</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : <b>SE.9181</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            02 / 22 / 2016         </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            02 / 22 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">56.63</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : <b>SE.9182</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            02 / 22 / 2016         </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Date

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 09 / 10 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 111 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>02 / 22 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59.66</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>02 / 22 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">197.96</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

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 09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 112 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 22 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">16.50</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9185</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 22 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">71.37</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9186</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 113 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>12.31</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9187</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SD</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>97.40</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9188</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature

Date

MM / DD / YYYY  
**09 / 10 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 114 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 22 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">371.13</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9189</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 22 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">38.41</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9190</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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 09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 115 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>9.92</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9191</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VT</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>123.81</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9192</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

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Date

MM / DD / YYYY  
**09 / 10 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 116 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>104.08</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9193</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>29.16</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9194</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 10 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 117 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">86.97</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9195</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">8.59</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9196</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 118 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> <b>02 / 22 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 5px;">10.17</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9197</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> <b>02 / 22 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>NCC MEDIA</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> <b>02 / 02 / 2016</b>	
Mailing Address 405 LEXINGTON AVE 6TH FLOOR		Amount <span style="border: 1px solid black; padding: 0 5px;">5008.00</span>		
City NEW YORK	State NY	Zip Code 10174	Transaction ID : <b>SE.4105</b>	
Purpose of Expenditure CABLE BUY (2/4 - 2/12/2016)		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> <b>02 / 01 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 5px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 0 5px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 5px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYYYY  
**09 / 10 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 119 OF 119  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NCC MEDIA</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 02 / 2016</b>
Mailing Address <b>405 LEXINGTON AVE 6TH FLOOR</b>			Amount <b>5008.00</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10174</b>	Transaction ID : <b>SE.16492</b>
Purpose of Expenditure <b>CABLE BUY (2/4 - 2/12/2016)</b>	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 01 / 2016</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>5008.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address			Amount
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>5008.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>20000.00</b>

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SCOTT B MACKENZIE

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Signature

Date

MM / DD / YYYY  
**09 / 10 / 2016**